

ALTER BED CAPACITY REPORT

Fiscal Year 2018/2019

T.C.A. §68-11-1607(g) “...no more frequently than one (1) time every three (3) years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any bed category by ten percent (10%) or less of its licensed capacity at any one (1) campus over any period of one (1) year for any services or purposes it is licensed to perform without obtaining a certificate of need. The hospital, rehabilitation facility, or mental health hospital shall provide written notice of the increase in beds to the agency on forms provided by the agency prior to the request for licensing by the board for licensing healthcare facilities or the department of mental health and substance abuse services, whichever is appropriate.”

Total General Hospital Beds APPROVED	88
<i>Acute Beds Approved</i>	<i>82</i>
<i>NICU Beds Approved</i>	<i>6</i>
<i>Rehabilitation Beds Approved</i>	<i>0</i>
<i>Child/Adolescent Psych Beds Approved</i>	<i>0</i>
<i>Adult/Geri Psych Beds Approved</i>	<i>0</i>
Mental Health Hospital Beds APPROVED	0
<i>Child/Adolescent Psych Beds Approved</i>	<i>0</i>
<i>Adult/Geri Psych Beds Approved</i>	<i>0</i>
Total Beds APPROVED	88

<u>COUNTY</u>	<u>FACILITY</u>	<u>FACILITY TYPE</u>	<u>REQUESTED DATE</u>	<u>TOTAL LICENSED BED COUNT (Before Add)</u>	<u>BED TYPE BEING ADDED</u>	<u>ORIGINAL BED COUNT – FOR TYPE</u>	<u>NUMBER OF BEDS BEING ADDED – FOR TYPE</u>	<u>NEW TOTAL NUMBER OF BEDS – FOR TYPE</u>	<u>TOTAL LICENSED BED COUNT (After Add)</u>
Rutherford	TriStar StoneCrest Medical Center	GH	7/10/2018	109	Acute	109	10	119	119
Davidson	TriStar Summit Medical Center	GH	9/7/2018	200	Acute	180	18	198	218
Hamilton	Erlaner Medical Center	GH	10/4/2018	618	Acute	554	54	608	678
Hamilton	Erlanger Medical Center	GH	10/4/2018	618	NICU	64	6	70	678

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Pending/Expecting Refiling

Hospital Beds Pending	0
Mental Health Hospital/Psych Beds Pending	0
Total Beds Pending	0
Hospital Beds Awaiting Refile	0
Mental Health Hospital/Psych Beds Awaiting Refile	0
Total Beds Awaiting Refile	0

<u>COUNTY</u>	<u>FACILITY</u>	<u>FACILITY TYPE</u>	<u>REQUESTED DATE</u>	<u>TOTAL LICENSED BED COUNT (Before Add)</u>	<u>BED TYPE BEING ADDED</u>	<u>ORIGINAL BED COUNT – FOR TYPE</u>	<u>NUMBER OF BEDS BEING ADDED – FOR TYPE</u>	<u>NEW TOTAL NUMBER OF BEDS – FOR TYPE</u>	<u>TOTAL LICENSED BED COUNT (After Add)</u>

**Number of beds not consistent with Public Chapter 1043.*